Department of Mental Health

TRANSMITTAL LETTER

SUBJECT **Evidence-Based Psychotherapy**		
POLICY NUMBER **DMH Policy 311.2**	DATE AUG 0 4 2004	TL# 51

Purpose. To establish a policy mandating that all providers of psychotherapy services to DMH community-based adult consumers follow evidence-based practices; and to provide a procedure for identifying and adding other appropriate evidence-based psychotherapies to the DMH approved list.

Applicability. Applies to all providers, contractors, or other individuals (e.g., trainees, interns) who provide psychotherapy to DMH community-based adult consumers.

IMPORTANT NOTE: Section 3413.1 of the DMH Mental Health Rehabilitation Services (MHRS) standards provides a list of practitioners that can provide psychotherapy which varies from the list of practitioners in Section 6b of this policy. DMH will modify the MHRS standards to ensure consistency with the requirements of this policy. The requirements of this policy take precedent until such time that the MHRS standards are modified.

Policy Clearance. Reviewed by affected responsible staff, providers, consumer organizations, and cleared through appropriate MHA offices.

Implementation Plans. A plan of action to implement or adhere to this policy must be developed by designated responsible staff. If materials and/or training are required to implement this policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible for following through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. ***Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.***

Policy Dissemination and Filing Instructions. Managers/supervisors of DMH and DMH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in Volume I of the **DMH** Policy and Procedures Manual, and contractors must ensure that this policy is maintained in accordance with their internal procedures.

*If any CMHS or DMH policies are referenced in this policy, copies may be obtained from the DMH Policy Support Division by calling (202) 673-7757.

ACTION

REMOVE AND DESTROY

INSERT

DMH Policy 311.2

Martha B. Knisley
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH	Policy No. 311.2	Date AUG 0 4 2004	Page 1
	Supersedes: None		

Subject: Evidence-Based Psychotherapy

1. **Purpose.** To establish a policy mandating that all providers of psychotherapy services to DMH community-based adult consumers follow evidence-based practices; and to provide a procedure for identifying and adding other appropriate evidence-based psychotherapies to the DMH approved list.

2. **Applicability**. Applies to all providers, contractors, or other individuals (e.g., trainees, interns) who provide psychotherapy to DMH community-based adult consumers.

IMPORTANT NOTE: Section 3413.1 of the DMH Mental Health Rehabilitation Services (MHRS) standards provides a list of practitioners that can provide psychotherapy which varies from the list of practitioners in Section 6b of this policy. DMH will modify the MHRS standards to ensure consistency with the requirements of this policy. The requirements of this policy take precedent until such time that the MHRS standards are modified.

3. **Authority**. Mental Health Service Delivery Reform Act of 2001.

4. **Policy**. Only those psychotherapies that are on the list approved by DMH in Exhibit 1 shall be used by providers for DMH consumers unless an exception is approved as described in Section 7 below. It is not the intention of DMH to restrict new psychotherapeutic services that have been demonstrated to be effective in public mental health settings. It is the intention of DMH to assure that psychotherapies offered to DMH consumers are the most effective. See also Section 9 below.

5. **Definitions.**

5a. **Psychotherapy** - is a goal directed, theoretically based and scientifically tested treatment intervention of mental, emotional, or behavioral disorders. Psychotherapy is differentiated from supportive counseling, other types of psychiatric and psychosocial techniques and other professional therapeutic interactions that are commonly found in outpatient mental health systems of care.

5b. **Evidence-Based Psychotherapies** - are those psychotherapies which have shown to be effective in treating specific problem symptoms and behaviors. The effectiveness of these therapies has generally been demonstrated in research projects and the results published in peer-reviewed journals. Evidence-based psychotherapy may be specific for a particular diagnosis or a particular age group.

6. **Credentialing/Licensing and Trainee Requirements.**

6a. **Credentialing**. Each provider shall establish qualifications and professional experience that are necessary for the psychotherapist to be credentialed as a provider of a particular evidence-based psychotherapy. Psychotherapists that are not credentialed for a particular psychotherapy should not attempt to provide that evidence-based psychotherapy.

6b. **Licensing**. Provision of psychotherapy in the District of Columbia is regulated by the respective professional licensing boards. Only licensed, qualified individuals can provide psychotherapy: physicians, psychiatrists, psychologists, independent clinical social workers, and advanced practice nurses with specialty in psychiatry. In addition, individuals with masters of social work may provide psychotherapy under the supervision of independent clinical social workers.

7. **Requests for Use of Psychotherapies not on the DMH List.**

7a. **Psychotherapy Provided by Trainees.** Medical students, psychiatric residents, psychology pre- and post-graduate trainees, or other mental health clinicians may require training experience in psychotherapies that are not included in the DMH approved list of evidence-based psychotherapies. Upon receipt of a written request from the training program director of the trainee, the DMH Chief Clinical Officer shall review and authorize, as appropriate, use of the psychotherapies to accommodate these training requirements. Psychotherapy provided by trainees must be provided under clinical supervision and the clinical documentation must be reviewed and counter-signed by the trainee's supervisor.

7b. **Psychotherapists**. When there are clinical situations that demonstrate the need to use a psychotherapy which is not on the DMH approved list, the provider shall forward a written request to the DMH Chief Clinical Officer describing the therapy and explaining the need and benefit for its use on the particular consumer(s). The DMH Chief Clinical Officer shall review the information, consult with experts as needed, and if appropriate, approve the use of the psychotherapy.

8. **Clinical Record Keeping.** Psychotherapy documentation in the clinical record must indicate all the following:

1. type of psychotherapy that is provided
2. targeted symptoms
3. expected number of sessions that will be provided
4. anticipated outcome of the therapy

The clinical note of a trainee must also include the name, discipline, and training status of the psychotherapist as well as the name of the supervisor.

9. **Procedures for Identifying and Adding Appropriate Evidence-Based Psychotherapies to the DMH List.**

9a. The list of appropriate evidence-based psychotherapies in Exhibit 1 for DMH consumers shall be reviewed annually by the DMH Chief Clinical Officer in consultation with experts both within and outside the DMH. These experts may include community providers, academic experts and representatives of professional organizations.

9b. A provider may request that a psychotherapy be added to the list by submitting to the DMH Chief Clinical Officer a description of the psychotherapy, publications, reports, and other documents that support the effectiveness of the therapy in a public mental health

system. The DMH Chief Clinical Officer, in consultation with experts, shall then determine if the psychotherapy will be added to the list.

9c. Further research and experience may also modify the list of currently accepted evidence-based psychotherapies.

Approved By:

Martha B. Knisley
Director, DMH

Martha B. Knisley 8/4/04
(Signature) **(Date)**

AUG 0 4 2004

DMH EVIDENCE-BASED PSYCHOTHERAPIES LIST

Below is the list of appropriate psychotherapies for DMH community-based adult consumers:

I. Schizophrenia-spectrum Disorders and other Psychotic Disorders

A. Cognitive-behavior therapy for residual psychotic symptoms;
B. Personal Therapy that includes education about illness, practical problem solving and self-image issues;
C. Comprehensive training in illness self-management that includes education, medication adherence, relapse prevention and coping with residual symptoms;
D. Family therapy based on either behavioral family therapy, multiple-family groups, or psychoeducational-systems approaches.

II. Bipolar Disorder and Cyclothymia

A. Training in illness self-management and relapse prevention skills, including the identification of triggers and early warning signs and formulation of a relapse prevention plan;
B. Family intervention based on behavioral family therapy (BFT);
C. Cognitive-behavior therapy for persistent symptoms.

III. Major Depression and Dysthymic disorder

A. Cognitive-behavior therapy;
B. Interpersonal Therapy.

IV. Posttraumatic Stress Disorder (PTSD)

A. Cognitive-behavior therapy including therapeutic exposure and/or cognitive restructuring interventions;
B. Eye Movement Desensitization and Reprocessing (EMDR) therapy;
C. Trauma Recovery and Empowerment Model (TREM) for treatment of trauma in mentally ill.

V. Simple Phobias

Cognitive-behavior therapy involving systematic desensitization and/or other therapeutic exposure techniques

VI. Obsessive-compulsive Disorder

Cognitive-behavior therapy involving therapeutic exposure and response prevention

AUG 0 4 2004

VII. Social Phobia

Cognitive-behavior therapy involving skills training and/or cognitive restructuring

VIII. Panic Disorder and Agoraphobia

A. Cognitive-behavior therapy involving relaxation and therapeutic exposure strategies

IX. Borderline Personality Disorder

Dialectical Behavior Therapy

X. Adjustment Reactions

A. Cognitive-behavior therapy (short term, finite sessions);
B. Brief Solution Therapy (short term).

XI. Primary Substance Abuse

A. Cognitive-behavior therapy, including relapse prevention training;
B. Motivational Interviewing;
C. Family and couples therapy.

XII. Co-Occurring Substance Abuse and Mental Disorders

A. Individual psychotherapy including cognitive-behavioral and/or motivational interviewing strategies;
B. Group psychotherapy including either motivational, skills training, or other cognitive-behavioral techniques (e.g., relapse prevention);
C. Behavioral family therapy.